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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

## School District Claim for State Reimbursement for Individual and Isolated Transportation

| State    |  |
|----------|--|
| District |  |
| County   |  |

#### **First Semester Second Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 28 Madison 0536 Alder Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate Marconet, Jennifer 2 1936 No 1.75 2 Shields, Kenneth P 1944 No 2.00 2 2377 No Babcock, Elizabeth L 3.00 2 2378 Smithson, Bronwen 3.50 No 2 2379 Smithson, Bronwen No 1.75 2 2442 No Mills, Howard & Kathleen 1.75

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

## School District Claim for State Reimbursement for Individual and Isolated Transportation

| State    |  |
|----------|--|
| District |  |
| County   |  |

#### Helena, MT 59620-2501 **Second Semester** First Semester **DUE** May 10 to County Superintendent February 1 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0537 Sheridan Elem 28 Madison Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 5 1935 No Key-Meier, Nancy 2.00

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

# **School District Claim for** State Reimbursement for **Individual and Isolated Transportation**

| State    |  |
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| District |  |
| County   |  |

9.25

| DUE   |
|-------|
| DATES |

7

2422

No

Rowe, Suzanne

#### **First Semester Second Semester** February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 28 Madison 0540 Twin Bridges K-12 Schools **High School** District Contract Daily # of Days Transported # # Shared Family's Name Rate 7 1946 No Warden, Tammy 0.50 7 Jones, Lorraine A 1951 No 0.75 7 2003 No Weber, Mark 1.25 7 2004 Perry, Karen 2.25 No 7 2005 Nicholls, Jim & Tawnya No 2.00 7 2006 No Frankland, Norman A 3.00 7 2007 Frandsen, Elizabeth No 1.50 7 2008 Crampton, Rayleen 0.25 No 7 2373 Perkins, Christina No 0.50 7 2380 Wentzel, Shawn No 1.50

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

## School District Claim for State Reimbursement for Individual and Isolated Transportation

| State    |  |
|----------|--|
| District |  |
| County   |  |

#### Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0543 Harrison K-12 Schools 28 Madison **High School** District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 23 2009 No Hokanson, Ann 0.75

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

# **School District Claim for** State Reimbursement for **Individual and Isolated Transportation**

| State    |  |
|----------|--|
| District |  |
| County   |  |

2.00

| DUE   |
|-------|
| DATES |

52

2405

No

Sweeney, Ron

**Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 28 Madison 0546 Ennis K-12 Schools **High School** District Contract Daily # of Days Transported # Shared Family's Name Rate 52 2303 No Meyers, Susan 3.25 52 2397 No Davie, Charles & Nyla 1.50 52 2398 No Goode, Marie 2.75 52 2399 McManaman, Pat 1.50 No 52 Gasser, David 2400 No 2.25 52 2401 No Durham, Todd & Barbie 3.40 52 2402 Bowles, Chip & Tana No 2.00 52 2403 Johnston, Jalayne 3.25 No 52 2404 Bryant, Vickey No 2.00

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